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AUTHOR	Hooser, Jack Van; Rice, B. Douglas
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ABSTRACT

This guide is intended to aid rehabilitation agencies to plan, develop, and implement disability management programs. The study group which developed the guide looked at the impact of such programs on employers as well as on employees who become disabled. Chapter 1 provides a historical overview of disability management including motivating factors for disability management programs, program development, disability management and labor unions, and relevant legislation. Chapter 2 is on defining disability management and covers key premises of disability management and definitions. Considered in Chapter 3 are stakeholders in disability management including vocational rehabilitation, employers, and employees with a disability. Disability management models and industrial and agency applications are presented in Chapter 4. Exemplary programs are briefly described and suggestions offered to vocational rehabilitation agencies of methods for interfacing with disability management in business and industry. Chapter 5 offers strategies, positions, and options for vocational rehabilitation agencies. These include: the non-involvement option; the reactive option; and the proactive option, which requires changes in approaches to service delivery. The final chapter provides specific guidance on using this document as a basis for administrative decision making and program development regarding disability management programs at the workplace. (DB)

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disability management in the workplace

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Jack Van Hooser
Study Group Chairperson
Tennessee Division of Rehabilitation Service • Nashville, Tennessee

B. Douglas Rice, Ed.D.
University Sponsor
Arkansas Research and Training Center in Vocational Rehabilitation
Hot Springs, Arkansas

Report from the Study Group

Sixteenth Institute on Rehabilitation Issues
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in the workplace

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Chairperson's Comments

The National Institute on Rehabilitation Issues (IRI) Planning Committee charged the Prime Study Group with the responsibility of developing a resource document for use by rehabilitation agencies to plan, develop and implement disability management programs. Although many reasons can be given for the selection of this topic as an IRI study, the concern of accelerating costs of disabilities for employers and, in turn, rehabilitation agencies, was the overriding factor. The alarming rise in costs for disabilities, health care, and income protection, among other factors, threaten the very existence of many industries and businesses. As a result, programs that can reduce this financial burden are welcomed by all concerned.

In response to this charge the IRI Prime Study Group reviewed and studied the many issues relevant to disability management programs. The study group attempted to look at the impact these programs would have on employers if they decided to implement disability management programs as well as the impact they would have on employees who became disabled. Further efforts were made to provide rehabilitation agency administrators information for consideration in initiating programs of this nature. The impact that the implementation of increasing numbers of these programs will have on future rehabilitation services in unknown. It is the sincere hope of the study group that this document will meet the planning committee's charges and will be useful in implementing such programs while serving as a basis for additional research and studies.

This document was developed through the expertise, knowledge, energies and talents of the following members of the Prime Study Group: Barry Brandt, Steve Cosgrove, Joe DiBeneditto, Ann Ohlson, Sandra Parkerson, Cyrilla Petracek, and Len Sawisch. A special thanks is extended to B. Doug Rice, University Sponsor, for his leadership and direction throughout the duration of the study. Sincere appreciations are expressed to Ruth Gullett, Sandra Long, Janice Davis, and Lou Tabor of the Arkansas Research and Training Center in Vocational Rehabilitation for their support and assistance in preparing this document for printing and dissemination.

Serving as chairman of such an outstanding group, as well as participating in the IRI process, has been both an honor and a privilege.

Jack Van Hooser, Chairperson
Prime Study Group

Introduction to the Study

The provision of health care, along with injuries to workers and disability income payments, by the nation's businesses and industries to their employees is increasing at an alarming rate from year to year. Many employers report an increase of over 400 percent in costs since 1980 with the expectation that this trend will continue into the unforeseeable future. Since employers assume the major burden for funding these benefit programs, questions arise as to how long these costs can be absorbed since budgets are now stretched to the very limits. These costs effect everyone. As an example the provisions of health care and disability income benefits are reflected in the cost of automobiles from the big three automobile manufacturers. General Motors Corporation estimated health care and disability benefits added at least $175 to the price of each automobile. The Ford Motor Company added some $290 to each car while Chrysler Corporation increased the price of each of their automobiles by some $600 (Pan, Newman, Backer, & Vash, 1986). These added costs become more revealing when it is realized that these estimates were taken almost a decade ago. One can only speculate as to the cost that must now be added to each automobile and other goods/ products because of health care and disability payments.

The issues related to health care and the welfare of workers have long been concerns of employers and employees. In recent years the spiraling cost of insurance/income protection for the work force, workers' compensation, and rehabilitation services have resulted in many employers implementing disability management programs. For those employers with such programs the benefits are very obvious in that prevention, as well as treatment for workers who become physically or emotionally disabled, is much more economical than delayed services.

Efforts by Employers to Reduce Cost

Employers in the decade of the 1970s began to look closely at increasing insurance and Workers' Compensation costs for employees that became disabled or were injured on the job. It became evident that paying compensation claims and providing other benefits were not "necessary costs" of doing business. The change from traditional concepts of disabled workers (individuals who were blind, deaf, etc.) to much larger population groups (chronic diseased, aged, psychiatric disabled, substance abuse, etc.), not only increased the number of people to be considered but also resulted in a shift in the problems and the services needed. Many employers in this time period realized they were taking an inactive role in assisting employees who were chronically ill to obtain appropriate treatment in order to return to work. Conversely, employers followed the traditional route of paying long-term compensation or retirement rather than implementing intervention programs. As an increasing number of employers became knowledgeable of disability management, programs were initiated that were designed to prevent injury and to provide rehabilitation services to workers who became disabled. With this increased awareness employers sought assistance from both public and private rehabilitation agencies for the purpose of initiating disability management programs to expedite the return to work of the injured or disabled individual.

Trends in the Work Force

In recent years demographic and economic changes in the work force have caused employers to become more receptive to the basic concepts of vocational rehabilitation (VR). At the same time, VR has become increasingly aware of environmental barriers that prevent individuals with disabilities from working efficiently. As a result they have increased efforts to become more involved in assisting workers with disabilities to over come these obstacles.

Emerging trends in the market place, jobs, and work force have become evident to both large and small employers as a result of technology, worldwide competition, and an increasing older work force. Indications of labor shortages are causing employers to view employees as valuable resources rather than liabilities. With the "graying" of American workers, employers are moving to increase employee benefits in order to maintain a stable and skilled work force. Because of these efforts profit margins have been small and often at a break even point or at a deficit. With the increase in workers compensation claims, disability payments, and health care costs it is understandable that

employers would initiate disability management programs and seek the assistance of VR to hold expenses at a minimum.

The Need for Change

The soaring costs for employee benefits are real problems for many firms who report tremendous increases in less than a decade. Many employers cite the rising costs for health insurance and other benefits as the reason for increasing employee contributions, hiring specialists to oversee health programs, requiring second opinions and pre-approval for services, and excluding coverage for certain workers or types of treatment. Too, other factors are impacting both employers and employees including the AIDS epidemic, malpractice suits, and sophisticated medical technology changes.

The American worker in general has come to view affordable health care as a right along with life, liberty and the pursuit of happiness. However, soaring medical expenses are threatening the very existence of employer paid insurance programs for workers as well as the continued existence of some businesses. Combined with the increasing costs of worker compensation and other benefits, many companies may be unable to provide the American worker with adequate coverage. Although many millions of working Americans have no health insurance, these individuals will not be denied adequate treatment, however, the cost of such services will, in all probability, be distributed among those who can and do pay.

Disability Management as an IRI Topic

In consideration of the existing crisis in health care and disability payments, it is clear why this topic was submitted and selected for an IRI study by the National IRI Executive Committee, RSA, NIDRR, and CSAVR. Implications for both rehabilitation and business/industry are too numerous to specify here. The IRI Prime Study Group accepted the challenge realizing that the results of their efforts would provide a basic document for rehabilitation professionals and employers and that additional and more in depth studies might be stimulated as a result.

This manual looks at the various approaches employers are taking in attempting to reduce the costs of disability programs while maintaining a balance of health care and quality of life. In order for this goal to be realized, the public and private sectors must establish cooperative programs and working relationships that assure mutual benefits.

Charges to the Prime Study Group

The charges developed by the National IRI Planning Committee for the Prime Study Group on Disability Management at the Workplace were:

1. To develop a document which will assist state rehabilitation agencies in planning, developing and implementing disability management programs with employers.

2. To provide information which will assist employers to utilize rehabilitation agencies in establishing efficient disability management programs that will enable them to maximize productivity through active management of the disability experience.

3. To develop a resource manual that can be used by trainers to assist in training both rehabilitation personnel and employers in establishing and maintaining disability management programs.

The Future

The IRI Prime Study Group, after much debate and discussion, came to the realization thatdisability management programs have many implications for public and private rehabilitation agencies, private businesses and

public employers. Although there will be barriers to the implementation of disability management, there will be benefits as these obstacles are overcome.

The Prime Study Group has attempted to identify and address a number of relevant issues in disability management programs. As with all new programs, however, the study group realizes that other efforts will be required as new information, knowledge and expertise are gained through research and implementation of new programs. The impact that disability management programs will have on rehabilitation agencies cannot be determined at present. If, however, the results of such programs in operation at General Motors, 3M, Control Data Corporation, and Sears Roebuck are any indication, the demands for assistance could tax the creativity and resources of agencies and personnel to the limit (Backer, 1986).

Hopefully, the IRI Prime Study Group has established the ground work for future studies in the area of disability management.

A Historical Overview of Disability Management

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Objectives

The objectives for this chapter are (a) to present a synopsis of the growth and development of disability management and (b) to discuss the change in attitudes of employers toward the employees as important resources.

Introduction

Employers until recently played a selective role in the development and implementation of strategies addressing the needs of their employees who became chronically ill, injured, or disabled. This role is changing, however, as disability management approaches are increasingly being recognized by employers as a means to reduce health care costs and to maintain their investments in their employees which are considered their most valuable resource.

Motivating Factors for Disability Management Programs

Disability management is a concept which is rapidly emerging in business and industry as well as private and public rehabilitation. During the last decade employers have taken significant steps to better control the devastating effects of disability in the workplace in terms of productivity and spiraling costs. Prior to this initiative employers accepted the cost of employees with disabilities and paying compensation claims and other benefits as just a necessity of doing business.

Numerous intervention strategies have been tried in the last decade to combat disability related effects on productivity. These include employee assistance programs, referral to rehabilitation, selective job placement, and job modification. However, systematic or comprehensive disability management programs are relatively recent.

Over time both employers and employees realized that some action had to be taken to reduce the accelerating costs and to establish effective cost management systems. The rising cost of health care, insurance, and disability payments in the 1970s motivated employers to act in an effort to reduce expenses but, at the same time, maintain adequate benefits for employees. The problems, however, have extended into the 1980s. As an example, in the year of 1980 employers paid over $70 billion in health and disability insurance premiums for their employees. These costs have escalated approximately 16% per year, yet the actual benefit to employees has remained constant, or been reduced or eliminated.

More recently, Victor (1985) estimated that worker's compensation costs to employers alone exceeded $30 billion. In 1985, the aggregate cost to employers for injuries at the workplace surpassed $100 billion.

The rising costs of health insurance, Social Security, Workers' Compensation, and rehabilitation programs are a major concern for corporate and government officials. In response to the escalating costs of these services over the years, disability management programs have slowly developed as a means of reducing the deficits in disability related benefits as well as allowing business/industry to continue to exist.

The aging American work force has also motivated the development of disability management programs. Older workers in general experience illness, injury, or physical impairments which require a longer period of time for recuperation as well as more extensive medical care before returning to work than the younger worker.

The economic and personal impact on the injured worker and family are also motivating concerns of employers as an increasing number view employees as valuable assets. Many employers, in response to consumer and employee demands, are attempting to provide benefit packages that will meet the need of injured or disabled workers. As a result, a growing number of employees have become more receptive to disability management programs. The success of these programs has encouraged other employers to implement similar programs in their companies in response to their rising health care costs and loss of valuable employees.

The Development of Disability Management Programs

Although disability management programs have been in operation for many years in a number of countries, it was in 1980 that the concept was formally defined. The World Rehabilitation Fund sponsored a lecture tour in Helsinki, Finland where the principles and practices of effective disability management were first explained, publicized, and recognized as a viable and valuable program for business and industry.

The City of Helsinki project dealt with two of their major city employers, the Port Authority and the Water Works. The project screened for those employees in need of early rehabilitation and developed rehabilitation measures to be applied in the workplace. Client assessment was provided along with guidance and counseling and changes in jobs or work tasks. Sessions in relaxation, stress management, and exercise were offered. Education programs were also given concerning cardiac rehabilitation and low back pain (Galvin, 1986).

In Sweden, Volvo established an "adjustment group" to assist persons with disabilities to adjust to jobs. The Swedish government paid a large portion of the costs for job modification (Tate, Habeck, & Galvin, 1986). In contrast, in Australia the large employers assumed responsibility for the rehabilitation of disabled workers through in-house programs (Galvin, 1983).

In the United States the first efforts publicized as disability management began with the Burlington Industry in North Carolina. The program was a pioneer in industry-based efforts to identify and manage osteoarthritis and rheumatoid arthritis at the workplace. These two disabilities were recognized as frequently occurring due to the nature of the work at the company. Once identified, rehabilitation services were initiated before the individuals became too disabled to work. The program included educational programs, medical screenings, counseling, occupational therapy, job analysis and worksite modification (Tate, Habeck, & Galvin, 1986).

Since the Burlington Industries effort several other United States companies have developed disability management programs, often by enhancing and coordinating existing internal programs and corporate commitment into more comprehensive in-house efforts Xerox, Control Data Corporation, Kodak, 3M Corporation, and General Motors, are among the companies who have developed such programs. Recently public employers have initiated various levels of disability management programs including the Social Security Administration, U.S. Postal Service, Michigan State Government, and the Tennessee Valley Authority.

Disability Management and the Labor Union

Disability issues have been a prime concern of labor unions for many years. The goal of labor unions from its inception has been to protect it's workers and improve conditions in all aspects of the working world.

One of the earliest problems addressed by the labor union was a disability management program for alcoholism. Another problem that received the attention of unions was a disability management program sponsored by the United Mine Workers for miners who became paralyzed. Many paralyzed workers had survived mine accidents and were viewed as hopeless. Through this United Mine Workers effort they were recognized as a group that could be helped through rehabilitation. New medications and rehabilitation services enabled these people to gain physical recovery and develop vocational potential (Switzer, 1975).

One of the early efforts in more comprehensive disability management took place in 1960 for workers in the men's clothing industry. This program involved a team of professional nurses, social workers and psychologists along with management and union members who worked together to encourage the job maintenance of workers with disabilities (Weiner, Akabas & Sommer, 1973).

With the passage of the Rehabilitation Act of 1973, the National Institute of Handicapped Research (now the National Institute on Disability and Rehabilitation Research) funded a tripartite grant designed to encourage representatives from trade unions, government and the employers to identify their roles in affirmative action for disabled employees (Enteen, Herman, & Tramm, 1977). In response to the identification of these clear connections

between trade union concerns and disability management, the Human Resource Development Institute of the AFL-CIO added disabled workers to its more generic concern with manpower and training policy in 1977 (Akabas, 1986). Labor unions on the other hand have advocated income protection for non-work disabilities and have promoted disability management efforts for employers and employees as a means to help control costs.

Relevant Legislation

The legislation which originally established the Social Security System was aimed at protecting the worker's income during physical impairment or old age. The Social Security Disability Insurance (SSDI) program is based on the employee's inability to sustain gainful employment. Although the Social Security programs and authorizing legislation had the worker's welfare in mind they were not intended as rehabilitation or disability management. With the explosion in the costs of medical services and insurance rates SSDI is becoming more of a new form of unemployment and retirement assistance as it was meant to be as stated in the first sentence.

Worker's Compensation legislation was designed to provide medical treatment and compensation benefits for persons disabled as a result of job related disease or injuries until they could return to gainful employment.

The original vocational rehabilitation legislation (1920) highlighted workmen's compensation and stated as its purpose the vocational rehabilitation of persons who were disabled in industry or in any legitimate occupation. Later on Congress mandated services to specific disability groups (persons with mental retardation, physical disabilities, or social/economical disadvantage; disabled youth in transition; persons with severe disabilities, etc.). This resulted in the occupationally disabled no longer being the focus of vocational rehabilitation.

The policies and priorities of the state-federal vocational rehabilitation program have been somewhat incomplete when it comes to working with the employers. The objective of rehabilitation according to legislation has been fairly consistent over the years, but federal rehabilitation practices may seem to work at cross purposes toward their goal—mainly in the field of disability management. Rehabilitation policy and practice is to work with individual clients who are disabled with only minimal attention to the full range of worksite disability management. As a result, many of the disability management programs have evolved from the void in services provided by the focus of traditional vocational rehabilitation and has, for a large part, cultivated the need for private sector initiatives (Galvin, 1986).

Conclusions/Implications

In order to maintain pace and provide needed services, vocational rehabilitation agencies must revisit its original purpose of rehabilitating workers who become disabled as well as assisting in the prevention of disabilities as an important part of the process. With employers placing increasing value on their employees it becomes evident that both the social and business goals of employers and employees can be achieved through creative partnerships. Vocational rehabilitation must effectively address these issues from a similar perspective.

Defining Disability Management

Objectives

To define and describe the key premises in disability management programs in terms of (a) applications, (b) populations and (c) management systems.

Overview

Both employers and employees have certain responsibilities and objectives at the workplace, including insuring the success of disability management programs. If these programs are to be effective for all concerned they must be coordinated and responsive to the needs and benefits of both employers and employees. In keeping with this statement, disability management is discussed in this chapter as the initiatives taken to address employment-based disability needs.

Introduction

Underlying the definitions, descriptions, and applications of disability management are certain key premises for employers, including the safety and health of workers, support services, reasonable accommodations and rehabilitation services. In turn, employees have certain obligations to insure a successful disability management program involving working safely on the job, participating with management, and cooperating with rehabilitation efforts.

Key Premises of Disability Management

The key premises of any disability management program must relate to both employers and employees. As an example, the following premises are from the Michigan Disability Management Final Report (1988).

1. The employer has a responsibility to promote the general safety and health of workers by providing a work environment that minimizes risks, and should, if possible, provide wellness/safety initiatives which enhance the quality of life for employees.

2. The employer has a responsibility to workers who, due to illness, injury or disability, experience difficulty in maintaining a productive role in employment. This includes support services and necessary reasonable accommodations to maintain such workers in productive employment.

3. The employer has a responsibility to help make available and cooperate with medical and/or vocational rehabilitation services for workers whose injury, illness or disability results in a substantial interruption of productive service.

In reference to the employee the Michigan Report states:

1. The employee has the responsibility to work in a healthy and productive way while maintaining safety at all times.

2. The employee has a responsibility to participate with management in identifying and implementing reasonable accommodations that might be needed to maintain a productive work status.

3. The employee has a responsibility to cooperate with reasonable medical and/or vocational rehabilitation efforts should injury, illness or disability interrupt the ability to perform productively.

Pulling all of this together for the purpose of this document, and keeping the different approaches and areas of emphasis in mind, an ideal Disability Management System would address the needs of:

1. Employees at risk of becoming disabled;

2. Employees who become disabled;

3. Employees who are already disabled (including those out on disability);

4. Job applicants with disabilities.

(Sawisch, 1989)

Disability Management is not managing disability per se. It is actually managing the interaction between a worker and the work environment in order to maximize productivity and minimize cost (Sawisch, 1989). Illness, injury and disability in the workplace are not new, nor are approaches to manage them. Many organizations have policies and procedures designed to deal with the various aspects of disability that confront disabled workers and their employers. These policies, however, may be counter-productive as they are often uncoordinated, incomplete and/or unresponsive, therefore undermining the best intentioned initiative (Jarvikoski and Lahelma, 1980). To be effective, there is an active process that minimizes the impact that a disability may have, not only on the individual but the workplace as a whole. The process should be coordinated, cohesive, systematic and goal-oriented within an employer base (Tate, Habeck, Schwartz, 1986).

Defining Disability Management

Different approaches and areas of emphasis may be found in the actual practice of "disability management." These are reflected in the many different working definitions found in the literature. Keeping in mind that managing the interaction is the key, definitions include:

- A collaborated approach between industry/management and the individual workers that includes preparatory education, policy development, prevention and early identification at the workplace with a focus on the total impact of disabling events (Tate, Habech, Gabien, 1986).

- A philosophical and technical approach developed to assist a disabled worker in his/her return to work (Mitchell & Winfield, 1980).

- A program that organizes the industry's response to disability in a way that reduces the impact of injury on the person's ability to function within a vocational role (Mitchell, 1982).

- Efforts directed towards individuals with chronic or permanent functional limitation or disability, or an individual with symptoms indicating a risk of disability (Jarvikoski & Lahelma, 1980).

- Measures aimed at developing an individual's own resources and/or removing obstacles imposed by the environment (Jarvikoski & Lahelma, 1980).

- A continuum of actions aimed not only at minimizing the impact of disability, but also preventing disability and therefore maintaining a healthy work force (Schwartz, 1984).

In addressing these needs, the Disability Management System would have some degree of response to what Sawisch (1989) identifies as the four major levels of management opportunities:

1. Health Promotion/Wellness that build worker's tolerance to the effects of injury and illness.

Examples: Exercise programs, weight loss programs, smoking cessation and Alcoholics Anonymous (AA) groups. One specific example: a railroad has taken a sports medicine approach to prevention by having the employees perform 15 minutes of warm-up exercises to reduce the risk of back injuries.

2. Safety Promotions that prevent injury and illness.

   Examples: Safety teams, safety incentives and/or rewards, ergonomic programs, etc. Some companies will reward departments with the best safety record by adding money to the supervisor's departmental budget.

3. Maintenance Promotions to address the needs of workers at risk of losing productivity.

   Examples: Emergency and non-emergency medical care, troubled employee assistance programs, health risk appraisals (i.e., hypertension screening, cholesterol screening). One company runs an in-house alcohol treatment program.

4. Return to Work promotions to address the needs of workers dislocated from work because of illness or injury.

   Examples: Placement programs, transitional work programs, work hardening programs, affirmative action programs as they relate to people with disabilities, etc. An example of this is reflected in one company's approach of having the supervisor personally take the injured individual to the hospital and call in daily to check on the worker's medical progress until returning to work.

Health/wellness and safety promotions focus on prevention, while maintenance promotion has early identification as its goal. In the past, most employers have focused on Return to Work as effective disability management. While return to work is the ultimate objective each level must be considered in the implementation of a disability management system.

The preceding discussion is cast in ideal terms. While in practice there are, of course, no ideals, for our purpose we define Disability Management as initiatives taken to address employment-based disability needs.

Conclusions

Employers and employees alike have many reasons to support Disability Management Programs at the workplace. Not only are health care costs and insurance premiums increasing at an accelerated rate but all predictions are that the availability of skilled workers will be limited in the next few years. With this knowledge, employers are increasingly viewing their employees as valuable resources as well as assets. Maintaining an adequate work force and keeping health care expenses within reason are the primary motives for implementating Disability Management Programs. As business and industry implement programs it becomes evident that vocational rehabilitation can play a major role through technical assistance, consultation and direct services. Therefore, it is critical that the key premises of Disability Management programs be kept in mind by all concerned and that they meet the needs of both employers and employees.

Stakeholders in Disability Management

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Objectives

The objectives for this chapter are (a) to discuss issues faced by vocational rehabilitation in disability management programs, (b) to review reasons employers may or may not become involved with disability management programs, and (c) to present issues affecting employees with disabilities in becoming involved in disability management programs.

Overview

The purpose of this chapter is to identify the concerns and issues relating to the stakeholders in a disability management program, i.e., vocational rehabilitation, employer, and injured worker. The discussion will identify the reasons each of these groups could benefit from this program and the issues which need to be addressed prior to implementing a disability management program involving vocational rehabilitation. Ever increasing costs of disability to the stakeholders in time off work, disability payments, emotional stress, retraining costs, and medical expenses are among the motivating force to all stakeholders to seek a more cost effective plan of action.

Introduction

Disability management programs offer many benefits to vocational rehabilitation, employers and employees. Although a major benefit relates directly to a reduction in costs, dealing with a pending labor shortage will become equally important in the future. With the work force growing older, and competition for skilled workers rising, it will be vital for employers to maintain stability in their employees. Employees, on the other hand, will benefit both financially and emotionally through a return-to-work program. Nevertheless, all parties involved in disability management have many issues to face.

Vocational Rehabilitation

Vocational rehabilitation (VR) has become involved in disability management programs as an important service provider for employers and employees. It is now recognized that there is a need for VR to receive referrals as quickly as possible after injury to avoid secondary problems which impact return to work. Also, employers who are feeling the tremendous financial burden of the injured worker who receives some form of disability benefits are requesting assistance especially from rehabilitation agencies.

Issues Faced by VR

Some of the barriers or issues that need to be addressed from the VR point of view are presented below.

1. What is the source of funding to support such programs? Do we continue to depend upon this basic program funding, i.e., "110" money; or do we charge for some or all of our services, e.g., medical coordination, job analysis, transferrable skills analysis, placement? Are there other alternatives?

2. If VR does charge for services, who is the competition and will the employer see a benefit to state provided VR services?

3. What would be the staffing changes and needs?

    a. As a separate system from traditional funding with new positions and new funding necessary? Will there be training needs specific to this population, employer needs, financial accountability, marketing to employers, reimbursement systems in central office, etc.?

    b. If it is within the existing framework and funding, how is staff secured with no new positions or new funding i.e., contract for services and provide for positions based upon that amount for the duration of the contract period?

5. What is the attitude of mid and first line management? What are the incentives for each department to become involved in the program? Do they see budget incentives for savings to their department to be used for merit raises, new equipment, or quarterly party, etc.?

6. How are they going to evaluate the effectiveness solely on monetary savings or will they consider attitudinal changes in the work force? Will there be increased availability of people for the work force by interest and awareness shown during initial screening for employment?

7. Will there be fear of implementing the program with the need for professional vocational assistance for job transitions? Is the government going to get involved in the business?

8. What is the impact of attorneys and how do you work most effectively with them to return the worker to employment as soon as medically ready?

9. What about re-injury? Is there a rate increase for hiring or maintaining work injured people? Do they have a second injury fund?

10. How will the disability management program affect the relationship between the employer and the insurance carrier or administrative services of the self insured?

Employees with a Disability

Employees with a disability have traditionally been dismissed from employment after completing physical restoration because there is "no light duty." The physician has treated and told the involved worker that they cannot return to work. Physicians have been relied upon to determine not only the physical functional capacity, but whether the person is able to return to any type of work at that employment site. The injured worker holds out for the "pot of gold" or Social Security that is not usually available to him or her. Workers are becoming more informed and interested in their rights as employees and disabled people.

Issues Faced by Employees With a Disability

Listed below are some of the concerns and issues facing employees with a disability.

1. What if going back to work causes re-injury or further damage to the worker physically? What if the physician counsels against returning to work?

2. Is this a mandatory program? What happens if the person decides to work somewhere else or go to school? Will the worker lose control over decisions regarding medical treatment, job duties, etc.?

3. How will this affect the Workers' Compensation settlement if the person goes back to work in a different job? Will the worker get the same amount of pay, work hours, benefits, etc.? If a union member, will the individual lose seniority and be bumped off the job by other people in a lay-off?

4. How can the injured worker go to work now? Can the person take care of the household duties while the spouse works? Can this program assist the person in taking control, reduce family and financial pressures and return to a job that is rewarding and can be performed by the individual?

5. Why should the injured worker, become involved in a disability management program to save the employer and insurance company money?

Conclusions/Implications

Each stakeholder must decide whether to become involved with the disability management program and if so, to what extent and using which model. The key to success is a written policy regarding the commitment of the major stakeholders, early identification and referral by the employer, physician accessibility, and VR staff that understand the employer's system, jobs, jargon, and need for quick turn around time of appropriate job decisions.

In addition to the primary stakeholders, there are a number of secondary stakeholders who should be considered in the disability management arena. For example, organizations for people with disabilities (other than employees with disabilities) and their advocates may be concerned that a focus on disability management will draw resources away from their constituents. Insurance carriers are also an important secondary stakeholder. Often on behalf of their clients, a carrier will be responsible for, or involved in, an employee's safety and wellness program. The general public, through public policy makers, also represent a substantial stakeholder. Through public policy, worker's compensation benefits, minimal safety standards, and insurance rates are regulated or modified. The focus of state/federal rehabilitation is also subject to change through public policy. Any initiative in the disability management area should also attempt to identify the needs and concerns of these and other relevant secondary stakeholders.

Ultimately, it must be realized that all population groups, at some point, are stakeholders because the cost of disability in both financial and human terms affects every individual.

Disability Management Models - Industrial and Agency Applications

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Objectives

The objectives for this chapter are (a) to describe the evolving model and elements of disability management systems in industry, (b) to discuss exemplary disability management programs in industry, and (c) to provide information on examples of vocational rehabilitation agency exploration of methods for interfacing with disability management in business and industry.

Overview

The costs of injury and illness, whether the result of a work injury or an occupational disease, have always concerned business and industry. In recent years disability related costs have been given even more attention by employers as they search for means to maintain profits and growth. This evolving practice of managing costs related to disability is motivated by "cost savings" and has led many businesses to the development of full service programs dealing not only with treatment of disability, but with the prevention of occupational and non-occupational disease and injury. The term "disability management" is applied to the entire range of services and policies in this area which continues to grow as a result of increasing employment opportunities for people with disabilities.

Introduction

Vocational Rehabilitation professionals in the state federal VR system relate, as a matter of course, to the concept of disability management. For these professionals it is an ongoing process to maintain employment for those who are work injured or become disabled while employed and to place unemployed people with disabilities into competitive employment. Many rehabilitation professionals see the VR system serving two clients: people with disabilities and the business community. The concept of disability management offers the opportunity for a growing partnership between vocational rehabilitation and business and industry. Many state VR agencies are looking for the most effective means to interface with industrial disability management systems in order to best serve both employers and people with disabilities.

The following discussion briefly reviews the development of disability management practices in business and industry. Further it will review some ways state VR agencies are becoming involved in disability management programs. Also emphasized is that launching a disability management related program requires resources and agency wide commitment. This IRI document hopefully will raise some issues and problems as well as provide some solutions which will be of value for state VR agencies considering such an initiative.

The Evolution of Disability Management

The concept of disability management has evolved from an array of services to deal with individuals with chronic or permanent functional limitations or disability to include services and policies designed to discover and prevent the causes of impairment. Businesses and industries have learned that programs which seek to retain the injured or disabled worker in employment, with the optimum goal being retention in the same position with the company, are, in the long term, the most effective practice. Many employers have learned a costly lesson: the longer the injured or disabled worker is separated from work and the longer funds are received from an income transfer system, the more difficult it is for the individual to return to gainful employment.

Increased employer acceptance of the qualified, disabled job applicant is an effect of successful disability management programs. More important, however, is the fact employers are becoming more knowledgeable and more effective in dealing with work injured or disabled employees. This accomplishment is another reason for the state federal rehabilitation agency to initiate involvement with industrial disability management programs.

Considerations for Establishing a Disability Management Model Program

Companies have, for the most part, dealt with the issue of disability following the completion and separation of the employee from traditional employer/employee relations. Employee issues are usually separated among various

departments in the typical work setting, i.e., personnel, employee benefits, payroll, medical, legal, safety and other divisions that operate in an uncoordinated fashion with different aspects of the hiring, employment, and dismissal processes.

The comprehensive disability management program is designed to accomplish the prevention of work injury and the disability that results from occupational or chronic disease; to create a system which will identify onset of disability and its limitations as soon as possible; and to provide for early intervention with rehabilitation and other services to remediate the effects of disability and facilitate return to work.

Critical components and/or elements of disability management programs as identified by Tate, Habeck, and Galvin (1986) and Schwartz (1984) are presented in the following outline.

Overview of Components

Data Collection and Review	*Identification of Past Practice and Costs*
Management Commitment	*Formalized...to foster company-wide cooperation*
Establish Program Policy	*Identification of staff responsibilities and program objectives*
Educate Staff	*Company-wide knowledge of program, staffing, and goals*
Establish Disability Management Team	*Delineation of staff responsibilities*
Develop and Implement Services	*Coordination of existing services and creation of new services as dictated by program design*
Establish Systematic Return-to-Work Policy	*Formalized/coordinated program and policy*
Design and Implement Evaluation Component	*Measurement of impact of disability management program*

Data Collection and Review

All disability management programs, in general, seek similar goals but all are not identical and vary from one business to another. Data review may reveal problem areas where intervention is required. In a survey conducted by the Washington Business Group on Health (1986) only 28% of almost 200 companies who responded to the survey tracked costs for disabled employees, although 68% of the companies tracked high cost claims.

Establish Program Policy

Policy for newly initiated disability management programs should clearly identify the objectives sought by the company. Policy should clearly delineate the responsibilities of various corporate functions in the program and specifically address the services available. Critical decision points should be identified so that medical care, benefits, return-to-work/transitional work functions are coordinated.

Guidelines for communication among various disability related functions within a company and establishment of a case management process are inherent in effective disability management programs. Few companies seem to have a formal case management system in place. Those that do are for medical cost management and not for return-to-work purposes.

Examples of policies in practice include:

- Creating internal review boards to certify, monitor, and evaluate disability cases.
- Improving and adding rehabilitation benefits to long-term disability policies.
- Intervening as soon/early as possible.
- Assigning an individual the responsibility for coordinating corporate disability programs and policies.
- Using outside vendors to perform case management involving medical stabilization and return to work.
- Offering employees who are disabled training programs and light duty positions.
- Providing an on site counselor through the state vocational rehabilitation agency.
- Coordinating resources to enhance case management approaches to tracking health and disability costs.

Education

Effective implementation of disability management programs requires education of all management and employees. Supervisors and workers need to understand the objectives and policy for such programs prior to implementation and, in companies where the work force is unionized, coordination with labor prior to policy development is essential.

Establish Disability Management Team

Disability management programs require cooperation, coordination, and communication among all corporate functions that may have an impact on employee relations. These functions may include: personnel, human resources, benefits, workers' compensation, legal, employee assistance programs, labor relations, safety and ergonomics, training, vocational rehabilitation, and health promotion departments.

Researchers recommend that one individual in the company be given the responsibility for overseeing the disability management program. Although some companies provide for a single coordinator, in many instances this duty is not the sole responsibility of the staff person designated.

The importance of inclusion of organized labor in the development and implementation of a company's disability management program cannot be overstated. In many instances union policies and services are an integral component of the total disability management service the employee may receive.

Establish Disability Management Services

Many disability management services already exist in some form in many corporate settings: provision for physical rehabilitation and medical services, employee assistance program services, and others. However, research has shown that many services are provided informally with little communication among corporate management. For example, many companies return work injured employers to jobs, but do not have formal policies or evaluations related to the process and, therefore, are not able to assess what may be a substantial effect on the company's business.

A full spectrum of disability management services meet both the employers' and employees' needs. Such

programs include medical and rehabilitation service, counseling service, and health promotion/wellness programs.

Health promotion/wellness programs are relatively new, designed to prevent the onset of a multitude of chronic health problems and resultant disability, and provide the opportunity for the employer to demonstrate concern for the general well-being of employees. Physical health screenings, smoking cessation, physical fitness, healthy diet, weight control, etc. are among the many programs that companies are making available to employees.

Establish a Systematic Return-to-Work Policy

Indications are that coordinated return-to-work programs are essential if the full benefits of disability management programs are to be realized. These programs include job analysis, job accommodation, job modifications and restructuring, transitional work, alternative placement, counseling, and scheduling. These, along with the option of light duty work, can prevent the dependence of injured or disabled employee upon a disincentive cash transfer payment. Disability management practice indicates that work incentives are very important in return-to-work programs. In general, few corporations operate formal return-to-work programs and many that do have programs offer little incentives for returning to work.

Disability Management Programs in Industry

A number of large corporations provide disability management programs at the work place and many of these have been in place for a number of years. The following are some examples of these programs.

Burlington Industries

Burlington Industries in North Carolina was one of the first companies in the U.S. to attempt a disability management program. The motivation for the company was an effort to identify and manage arthritis at the work place, a problem for the company because of the suspected occupational etiology of the disease. The purpose was to initiate rehabilitation services for those individuals with arthritis prior to their becoming too disabled to work. Services in the model included education for supervisors and employees, medical screening, disability counseling and career guidance, occupational therapy, functional assessment, job analysis, and work site modifications (Tate, Habeck, & Schwartz, 1986).

Coors

The Adolph Coors company program exemplifies the growth of disability related services and policy which can be found in many industries. Coors began with a medical center to meet the needs of employees with occupational injuries or illnesses and followed with the development of an employee assistance program. An officer of the company encouraged the development of a wellness program and the improvement of medical services to include rehabilitation services.

Components of the program include medical and rehabilitation service, counseling service, and the company's wellness program. The disability management process utilizes referral, medical and vocational evaluation, vocational counseling and guidance, development of vocational options, and follow-up. Task analysis and job accommodation are the first strategies used, followed by a transitional work program and consequent placement (Tate, Habeck, & Schwartz, 1986).

Buick-Oldsmobile-Cadillac (B-O-C)

The reason for the establishment of a disability management program at B-O-C was the same as many other businesses; rising benefit costs, legal requirements related to workers' compensation, social responsibility and the realization that employees are valuable resources. The problem arose due to the increasing costs of health care compounded by the aging of the company's work force. The encroachment of foreign products in the automobile market and the ensuing need to decrease costs to maintain a competitive position also motivated the company to proceed in concert with unions representing the work force.

The company first developed procedures relating to the total management of the disabled worker. Procedures, policy, and especially coordination of effort, were lacking prior to the initiative.

B-O-C developed an internal case management system through the expertise of an internal rehabilitation specialist. Automatic referral to outside vendors ceased with referral decisions now in the hands of the specialist. An early identification system resulted in organized service delivery and timely "return to work."

The objectives of the program are to provide optimal rehabilitation services, promote rapid recovery, reduce absenteeism, decrease the financial impact on employee and employer and to improve employee relations. The program has shown a reduction of absenteeism rate, lowered workers compensation and medical costs, and a decrease in use of extended rehabilitation services for long term cases.

The disability management system includes early identification and intervention, referral to the rehabilitation specialist, development of an intervention strategy and provision of service. Documentation for monitoring purposes is made easier through the adoption of formalized procedures.

The rehabilitation team for B-O-C includes occupational medicine physicians, a placement coordinator, rehabilitation interns, and benefit representatives. Outside vendors must attend internal team meetings. The company operates a traditional Employee Assistance Program (EAP) for substance abuse in addition to the ergonomics, rehabilitation, placement, and medical programs which are part of the disability management program.

Critical information gained in the practice of the program include understanding the need to manage outside vendors, the importance of educating the work force and management in program policy and procedures, dispelling myths the work force associates with light duty and alternative employment, and the need for job analysis and more specificity/systematization related to return to work and job placement (Munrowd and Beecher, 1986).

3M Corporation

For a period of time the 3M Corporation was typical in its approach to management of disability. The previous system led to problems for the company and its employees with no accountability for results. Motivation for initiating a disability program were similar to that of other companies: the impact of Equal Employment Opportunities (EEO) and affirmative action statutes, mandatory referral for rehabilitation in the states' workers' compensation law, health care cost, and the costs of training associated with replacing skilled workers. Disability management programs were set up in 3M Corporations as a result of these problems. The staff associated with the disability management program include: a disability programs manager, workers' compensation supervisor, rehabilitation supervisor, and 4 disability program coordinators. The coordinators are key positions in the effort, requiring coordination within and outside the company: among employees, supervisors and other management, and services providers, to name a few.

The 3M Corporation has learned as a result of the program that it should not take a "hands off" attitude with injured or disabled employees because of the financial implications for the employer and the financial and personal implications for the employee. As a result, 3M has developed the belief that disability management programs must occur at the local level with the support of upper management and the need to maintain regular contact with the employees.

3M emphasizes flexibility in their return-to-work policy since the employee often needs to "ease back" into employment. This flexibility precludes the delayed recovery syndrome resultant from forcing a return to work in an unyielding fashion.

In an age when the work force is aging, people with severe disabilities are living longer and remaining longer in the work force as a result of advanced technology and state and federal statutes which support the concept of retention and employment of disabled workers, business and industry must learn to work effectively with

disability related issues. 3M maintains that the key to success is through effective, honest communications and early return-to-work (Schwartz, 1984).

Burlington Northern Railroad

Burlington Northern Railroad, through a developed disability management program, realized a 50% drop in employees unable to return to work and a reduction in number of lost work days of almost 3,000 days in one 21 month period. The Burlington team, consisting of a physician, rehabilitation counselor, insurance claims representative and the employees immediate supervisor, evaluates each case and recommends medical treatment, pain management, psychological evaluation and treatment, vocational evaluation, formal training and placement in temporarily modified or alternative work. Rehabilitation professionals are involved in all aspects of the rehabilitation including job modification, disability prevention and individualized follow-up (Schwartz, 1986).

Continental Bank Corporation (Illinois)

Continental's efforts are specifically directed to return to work. Rehabilitation services provided include job placement, physical training, psychological counseling, retraining, educational programs, and evaluation services.

An employment coordinator works with the bank's medical director and the employee's physician in determining aspects and accommodations which may be needed for return to work. First efforts are for return on full or restricted time basis to the employees original job with second efforts directed toward locating an alternate job in the bank. Outside vendors are used in the process if needed and disabled employees are seen on a monthly basis by the company medical director to ensure progress in rehabilitation (Schwartz, 1986).

Eastman Kodak

The Eastman Kodak disability management program is especially interesting because of the direct involvement of the New York state Office of Vocational Rehabilitation (OVR) in program activities. A counselor from OVR is assigned part-time directly with workers who are disabled, providing tests for skills, aptitudes, and interests, along with consideration of motivational and personality factors, in order to place employees within the corporation. The state OVR pays for various tests and tutoring services and provides work evaluation and work hardening for employees who have been on sick leave or long-term disability, and offers counseling at the plant through the OVR counselor.

Workers at the plant view the counselor as an advocate for employees who are disabled and not as a representative of management. Location at the work site has proven beneficial to the OVR counselor, making it easier to place the injured employee in an alternate job at Kodak (Galvin, 1986).

Federal Express Corporation

Because of the rising costs of disability and worker compensation, Federal Express established a modified duty/rehabilitation program which very specifically delineates return to work policy for the injured/disabled employee.

The program consists of separate components for eligibility for modified duty and rehabilitation. The modified duty system is for those employees who are temporarily limited but for whom it is reasonable to expect a return to the original job with a full range of capability.

The rehabilitation program is for employees who are not expected to return to their regular job, even with the provision of rehabilitation services. In order for an employee who is disabled to qualify for rehabilitation, there must be a reasonable expectation that the costs of the rehabilitation effort will be more than offset by savings to the long-term disability plan or workers' compensation programs.

Federal Express has estimated that the program has saved approximately $4,210,000 in its first year of operation, a figure which does not reflect the positive employee relations gained by the program (Schwartz, 1986).

Herman Miller Company

The Herman Miller company works closely with the Michigan State Vocational Rehabilitation Agency. The agency provides psychological and vocational evaluations, work site modifications, and prostheses when not covered by the employee's medical insurance.

The company also operates a Transitional Work Center (TWC) to ease workers who are injured or disabled into their old jobs or alternative placement within the company. The TWC is an integral part of the company's flexible return to work policy which offers the opportunity in stages, with adjustments or restrictions, if necessary, to expedite a return to work as soon as possible (Tate, Habeck, & Schwartz, 1986).

International Association of Machinists and Aerospace Workers (IAMAW)

This program and its unusual linkage between the IAMAW and the Kansas Department of Social and Rehabilitation Services serves to strengthen the support services the union is able to provide members who become chronically ill or disabled. The cooperation which exists among the union, the state rehabilitation agency, local rehabilitation providers, and industries employing aerospace workers represents the manner of networking which will be required to meet the needs of employers and employees in the future (Schwartz, 1986).

The following are presented as examples of vocational rehabilitation agency practices related to disability management in industry. The involvement of state/federal vocational agencies in industrial disability management programs and practices is an evolving process. Since management and control of a disability management program lie within the business or industry operating the program, vocational rehabilitation's involvement will vary from individual services to provision of clusters of services related to a specific employer. Public rehabilitation agencies have provided services to employers designed for placement of new workers and continuation of employment for the company's work injured and employees who are disabled. With the reality of ever increasing health care costs, the growing necessity to retain experienced and skilled workers and the urgent need for new entrants into the work force, business and industry is in need of the best services available from vocational rehabilitation.

The following examples are ways in which state/federal rehabilitation agencies are meeting the needs of employers through traditional and innovative services. The examples not a review of the optimum involvement for a public rehabilitation agency but rather a demonstration of the range of involvement in disability management (Sawish, personal communication, 1989).

West Virginia

The West Virginia Division of Rehabilitation Services (DRS) has refined a disability management initiative begun a number of years ago through funding by a CETA grant. The core of the agency's program is a staff of employer service representatives. This group provides a broad range of services related to disability management in business and industry which is an integral part of the DRS marketing program. Employer service representatives are responsible for establishing linkages with business and industry in the state along with other agencies and work closely with individual employers to solve disability related problems.

Many of the components of the model disability management program referred to elsewhere in this document are present in the West Virginia effort. This project places special emphasis on provision of consulting services in the area of wellness and disability prevention in the workplace. West Virginia DVR works closely with other state agencies in designing and implementing an annual statewide conference on disability prevention.

The agency provides expertise to employers in the assessment of costs to business related to disability which can provide the impetus to develop disability prevention programs and to work with the agency in other areas. A disability management newsletter to the state's employers helps to establish credibility for DVR as a valuable consultant and establishes good working relationships and placement opportunities for DVR clients.

The Division also participates with the state of West Virginia as part of a team providing consultation in various financial and employment areas to businesses expanding or commencing a new operation within the state.

Georgia

The Georgia Division of Rehabilitation Services has enhanced the provision of employer and placement services with a staff of rehabilitation employment specialists. This professional staff concentrates its activities in employer relations, employer development, and placement, and coordinates these activities with placement requirements of field staff. Employer awareness programs and training are an integral part of the agency's program with awareness training often serving as the entree to provision of additional services and placement of agency clients. Activities of the rehabilitation employment staff are an integral part of the Georgia agency's marketing program, an initiative of sufficient importance to the agency that an individual with formal marketing training is a full time management staffer (Sawish, personal communication, 1989).

Michigan

The Michigan Rehabilitation Services (MRS) is considered by many to be one of the leader's in the development of state/federal vocational rehabilitation disability management programs.

The Workers' Compensation rehabilitation program, an initiative of MRS, operates independently of the 110 program and has experienced a significant growth in staff since its inception. This is an indication of the effectiveness of the professionals working in the program since services are provided to business and industry on a fee for service basis with growth in staff directly related to the financial success of MRS casework. The growth and development of this particular program is well described in Chapter Five of this publication.

The extent of involvement by MRS in disability management is shown by the agency's pivotal role in the design and implementation of General Motor's Buick-Oldsmobile-Cadillac (B.O.C.) disability management program referred to earlier in this chapter. The MRS staff chaired GM's labor management committee charged with development of the program for a period of six months. MRS' presence during this period of time was most important to the ultimate success of the effort.

A recent local effort exemplifies the opportunities for innovation available to public rehabilitation agencies in the disability management arena. A local district office of MRS served as coordinator for the development of a consortium of small employers and service providers to build a network of services which individual employers could not provide with limited resources. This kind of activity is invaluable in establishing the credibility of Rehabilitation Services as a professional and competent organization.

A agency's state insurance program is also involved in the Michigan disability management program through provision of assessment, on a fee for service basis, of candidates for disability retirement. The agency's 110 funded program continues to serve those state employees who are in jeopardy of losing employment with an array of traditional services.

Many other state/federal Vocational Rehabilitation agencies are also initiating programs for disability management services through marketing initiatives. This indicates the movement of public service agencies to a structure which will meet more precisely the present day needs of people with disabilities and business and industry.

Conclusions and Implications

Disability management programs have the potential to be of great value to business and industry. This will be especially true if the predicted trends of labor shortages, demand for skilled workers and an aging work force holds true. In order to maintain valued employees that are experienced and skilled, employers will need to initiate programs that provide services which will assist individual who become ill or injured on the job to return to work in an expedient manner. The benefits of efficient disability management programs at the work place can be found in such corporations as Burlington Industries, 3M, General Motors, Coors, Eastman Kodak, and many others. In contrast small or medium companies have had success in returning injured or ill employees back to work through their own or cooperative programs with other companies or organizations such as vocational rehabilitation.

Although the assistance of vocational rehabilitation is in the initial phases, it is clear that an increasing number of agencies are becoming involved with business and industry by providing services and consultation. State agencies such as those in Michigan, West Virginia and Georgia have initiated successful disability management programs that have been beneficial to both employers and to the agencies. Several other states are in process of increasing services to employers by assisting with disability management programs.

This chapter points out a number of activities that must be attended to if disability management programs are to be effective, namely commitment, education, team effort, policies, procedures and evaluation. The model programs that were discussed have included these factors in their operation thus assuring their effectiveness.

Strategies, Positions, and Options for Vocational Rehabilitation

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Objectives

The objectives for this chapter are (a) to outline strategic positions and options to assist VR agencies in considering opportunities for involvement in disability management and (b) to provide a basic analysis of each strategic position and option.

Overview

This chapter has as its purpose to outline a basis for rehabilitation administrators to decide whether or not to become involved in disability management and if so, to what degree. Strategic positions and options are then explored on a theoretical continuum from reactive to pro-active positions for VR agency policy makers and program designers.

Strategic positioning is the process of assessing an organization's options relative to current or future opportunities, based on what is happening both inside and outside the organization, and then mobilizing resources so the agency is in the best position to pursue (and benefit from) its preferred option.

Introduction

In earlier chapters disability management was defined in fairly comprehensive terms and the various influences faced by the key disability management stakeholders were reviewed. Various work site applications of disability management systems were then summarized. Now the task is to explore the various options VR administrators can consider in deciding how to position their agencies relative to disability management opportunities.

The most important consideration is whether or not an agency wants to be involved in disability management. In view of ongoing priorities which state VR agencies are expected to respond, an agency might choose to place no emphasis on disability management. Such a decision, of course, means there is no need to reposition the agency. The disadvantage is a loss (or at least postponement) of any potential benefits coming from disability management involvement. To consider the possible long range implications of deciding not to place any emphasis on disability management, a discussion of two viewpoints may be helpful.

Non-involvement: A Passing Priority

Disability management will prove to be another "passing phase" of state/federal rehabilitation system focus. Over the last decade and a half, private rehabilitation has developed a relatively firm position in rehabilitation service delivery and will, in fact, handle any increase in demand for employer based services. State VR agencies can thus focus their attention on providing rehabilitation services to people with disabilities who have no third party (other than the state/federal VR system) interested in financially sponsoring or supporting their rehabilitation efforts.

Trends in VR caseloads over the last decade will continue for some time to come. With an ever increasing population of relatively young people who are disabled needing rehabilitation services, disability special interest groups will keep public support for the state/federal rehabilitation system strong. Efforts to serve the relatively young segment of the disability population through other delivery systems (e.g., in-school employment preparation, Developmentally Disabled Council service alternatives, non-profit facilities, consumer group employment initiatives, and private rehabilitation) will prove to be less cost effective and efficient than the traditional VR agency system. The cumulative effect of these influences will allow Rehabilitation Services Administration (RSA) to maintain a service focus on preparing individuals who are disabled to maximize control over their lives through acquisition of competitive employment.

Non-Involvement: An On-Going Priority

Disability management will prove to be a critical and relatively on-going need within America's disabled community. Demographic reviews of the disability community indicate that the average unemployed person who is disabled is over 40 and acquired his or her disability after joining the work force. With an aging population the need

for rehabilitation services for this clientele will continue to grow. In addition, growing shortages in the labor pool (especially for entry level positions) will continue to pressure employers to maintain or re-invest in their current work force.

With continued escalation of disability related costs, corporate America will demand that a portion of their tax dollars be re-directed to assist them in managing disability at the work site. At the same time, the contemporary VR agency consumer population will be decreasing in relative size and their need for services will decrease. Labor market shortages, user friendly technology, and alternative service delivery systems will come together to make entry level employment easier for people who are disabled.

The cumulative effect of these influences in all probability will cause RSA to review the state/federal rehabilitation system as the country's most important tool for managing the cost (in both human and financial terms) of disability to the national economy. The service focus will thus expand to include significant attention on preparing employers to make maximum use of their own workers who become disabled as an important national (and natural) resource.

The secondary or spin off benefits of this increased employer ability to manage employees with disabilities cannot be underestimated. The employer as a result will come to appreciate the productive capacity and potential of new job applicants with disabilities.

Synopsis: The Priorities

If history has any tendency to repeat itself, it can be assumed that neither viewpoint will prove to be accurate. Chances are, reality will be somewhere between the two points of view. Even that assumes that VR has captured the right continuum for future events. If VR is anywhere near close, however, the basic strategic positions and options relative to disability management opportunities should be explored.

Reactive or Pro-active: An Agency Decision

Deciding to place an emphasis on disability management leads to a few critical questions: how much emphasis? what kind of emphasis? and over what time frame? The answers will depend on each agency's assessment of the influences described in the stakeholder chapter, the unique situation in each agency's home state, and the relative importance placed on the two viewpoints described earlier in this chapter.

Basically, each agency will need to decide where it will be on the reactive to pro-active positions relative to disability management opportunities. For the purpose of this document, being reactive means responding to a need or request for service with a service approach that the agency already has in place. When the Association for Retarded Citizens and related lobbies first began pressuring state VR agencies to serve their constituents many agencies responded by simply increasing the number of intakes of persons with mental limitations. This is an example of reactive positioning.

Some VR agencies, however, responded by using specialist for this client group, developing cooperative agreements with local community Mental Health Boards or related community agencies, and investing more resources in community rehabilitation facilities to enhance services to this clientele.

While this approach is clearly more pro-active than simply increasing client intakes, the approach to rehabilitation here is still the traditional method approach. This is an example near the middle of the reactive to a pro-active position.

Recently, a number of state VR agencies have become heavily involved in Supported Employment. Based on an analysis of the weaknesses in other service approaches and the need for supported work, this represents a significant transformation in service philosophy and actual service delivery, i.e., changing the train/place paradigm to a place/train paradigm. This is an example of a pro-active position.

Reactive Positions/Option

Reactive positions from the perspective of long time VR system observers, are probably the status quo. In a service system with a long standing reputation for cost effective service delivery, there are many factors that support the "if it works, don't change it" orientation. No doubt a central factor for reactive positions is the VR system's reliance on federal funds and, therefore, legislative funding priorities. In such an environment, management tends to temper reaction to today's priorities because experience suggests that tomorrow's priorities will probably be different!

Simple Reactive Positions in Disability Management. A simple reactive position involves bringing an existing service to the attention of potential consumers. In marketing terms, this is called a product driven approach because a slightly new package is placed on an existing product. The advantage of this approach is that it requires no fundamental change in staffing or service delivery guidelines. It can, therefore, be emphasized or de-emphasized in relatively short order.

From a simple reactive position, a number of traditional VR services can lend themselves to disability management applications. For example, a worker who acquires a permanent disability which presents significant functional limitations can be determined eligible for services. Basic evaluation, plan development, case management, and placement services will likely be indicated. The only change (or new package) necessary is a subtle but important shift in how the actual service provider views (and thus approaches) the employer.

For example, the employer should be approached as a referral source with a high direct economic sake in the rehabilitation outcome. As a major stakeholder, they need to be an important partner in the rehabilitation process. In practice, a number of VR agencies have (or have had) experience with this approach as part of "employer account" initiatives.

This approach requires advertising the right mix of existing services to the right people (or person) in the employer's organization. For a large employer, this may mean avoiding the recruitment and/or affirmative action manager. For small employers, where the same person may handle many or all of these problems the issue is to de-advertise VR's traditional emphasis on placement of existing clients. In either case, a manager who has an immediate problem, because an existing employee has become disabled, probably hiring an employee disabled at another industry or business.

The disadvantages of a simple reactive position are two-fold. At the micro level, an employer is helped with disability management "problems" that fit neatly into existing "solutions." An easy trap to fall into is the "promise them anything, but give them the traditional rehabilitation" pitch. At the macro level, by design, a simple reactive position is only a token gesture toward addressing disability management needs.

Mixed Reactive/Pro-active Positioning in Disability Management. A VR agency may choose to approach disability management opportunities from a mixed reactive/pro-active position. In practice, an agency starts by re-packaging existing services, but also maintains a commitment to let the targeted market (employers with disability management needs) modify the initial service offering. In marketing terms, the agency starts with a product driven approach and a willingness to develop or modify the product based on actual market experience and feedback.

This approach allows for safe entry to the disability management market with tight control over changes in both the staff commitment and the service delivery system. Unlike a simple reactive approach alone, the VR agency is ready to consider program changes in both the type of services provided and the way services are provided. Depending on marked needs or demands in their states, some VR agencies have already piloted changes in service types (e.g., review of employer disability benefit case files for referrals and hybrid troubled employee programs where employer referrals receive information and referral services). Service delivery changes have included counselor assignments to an employer and special application of "presumptive eligibility" to allow rapid case start-up (or other time/effort saving short cuts in the traditional process).

Many VR agencies have made changes in types of services and service approaches related to employer disability management needs. The real question is whether the change was a result of a strategic decision by the agency

to position itself to better serve the employer market, or was the change a result of a particularly enterprising rehabilitation professional.

In the former case, we have an example of a mixed reactive/pro-active position that will probably lead to further growth and change. In the latter case, we have an example of a system flaw that will probably draw attention but not be replicated or expanded. The underlying issue, of course, is degree of agency commitment.

A potential disadvantage of a mixed reactive/pro-active position is that it can require more of a staff and resource commitment than a simple reactive position. The agency can, however, maintain tight control over these commitments. Other disadvantages are similar to those of a simple reactive position; there are generally prescribed limits on the types and amounts of changes the VR agency is willing to make to address the needs of the employer (and the employers' disabled workers). In the late 1970's and early 1980's for example, a west coast VR agency devoted significant resources to develop a specialized response to workers compensation cases. The program never reached its anticipated potential, however, partly because the agency did not (or would not) modify its reliance of basic guidelines, and thus only offered a partial reduction in overall time workers were in rehabilitation. The net result was a loss in potential market share to private providers.

Synopsis: Reactive and Mixed Reactive/Pro-active Positions. The basis of reactive and mixed positions is reliance on a product driven approach. At best, these positions allow a VR agency to be more responsive to disability management issues without moving too far from traditional VR services. As a result, the agency can maintain some visibility in the area and create new and potentially lasting relationships with key employers.

At worst, however, the VR agency may find that is has marketed a service to employers that doesn't meet the employer's needs. An aggressive "marketing" campaign (really an advertising campaign) that does not or cannot deliver the promised result, will tarnish a VR agency's reputation with employers who might otherwise have been both a good referral source and a good placement source.

The major overall advantage of a reactive or mixed position is minimizing short term risks by maintaining close ties to the status quo. The major overall disadvantage is maximizing long term risks by reliance on tradition, and thus resistance to changes necessitated by outside environmental shifts.

Pro-active Position

A pro-active position involves considerable short-term risks and a strong commitment to a market driven approach. By definition, to be pro-active, an agency tries to understand current needs (market assessment) and anticipate the future trends or changes in these needs (market targeting) and how best to organize its resources to meet these needs (strategic positions).

As services are developed, the agency continually evaluates how well the services are meeting the targeted needs. When a service appears unable to meet changing needs, the service is modified or changed. A pro-active position requires an agency to be market sensitive or market driven, which in turn involves a significant commitment to ongoing change.

Critical Change

In the disability management area, one of the most important changes is the redefinition of the customer or client. This redefinition also appears to be one of the most difficult changes for many public rehabilitation professionals to make. In the discussion of a reactive position the importance of viewing the employer as a referral source with a direct economic stake in the rehabilitation outcome was emphasized. It is extremely useful to see the employer as the client or customer in a pro-active position.

To help make the case that employers are legitimate clients, consider the employer whose employee becomes disabled on the job and can no longer perform the essential job functions. Because of the disability, the employer can no longer do the job as effectively (if at all) as it was done before. Income goes down. Unexpected but necessary

medical and related expenses must be paid. Income is diverted to non-revenue producing areas.

In order to protect the employers' equity in the employee (and to comply with Workers' Disability Compensation Laws), the employer must pay the worker a substantial portion of pre-disability wages (transfer or indemnity payments). Additional income is diverted to non-revenue producing areas. The other employees are now facing increased stress due to the missing employee, which can further reduce overall productivity.

The bottom line is that in a very real sense, the employer has the disability! Helping the employer minimize or contain the cost of this disability and helping the employee to regain a level of productivity as high as possible is the ultimate goal.

Risks: Pro-active Positions

There are potential disadvantages to a pro-active position, including some relatively high short-term risks in three distinct areas:

a) First, if an agency does not do a good job in market assessment and market analysis, it is possible to mobilize resources to take advantage of an opportunity that did not exist. For example, a particular agency was involved in a major presentation to one of the Big Three auto makers about the corporate advantages of hiring its clients. The cornerstone of the presentation was the tow-year Targeted Jobs Tax Credit (TJTC) and On-the-Job-Training (OJT). An excellent presentation was prepared of the significant savings involved with a relatively small volume of new hires. Anticipating the concern over "additional paperwork," by the agency and the disability management program staff, the agency offered to prepare the paperwork.

   The avalanche of placements, however, never came. Had the agency analyzed the market correctly it would have found that the corporate attorneys envisioned the following events. Accepting TJTC and OJT money would constitute receipt of federal funds. Such funds would subject the corporation to compliance with section 504 of the Rehabilitation Act. The potential financial liability of compliance far outweighed the project cost savings in personnel. The opportunity envisioned by the agency was, in fact, nonexistent.

b) The second area of risk is in designing the services to address the targeted need. If the service response does not adequately meet the need (from the customer's perspective), it becomes a missed opportunity. As an example, one agency did an excellent job assessing the opportunity to position itself as a viable alternative to private rehabilitation in the Workers' Compensation market. Although the program never materialized the reason seemed to be the design of the services did not meet the needs of the market. By maintaining close ties to the federal guidelines for service delivery, services were not as timely or as flexible as private rehabilitation and counselors were not responsive to the customers involved. The opportunity existed; however, the services designed did not meet the need of the potential consumers.

c) The third area of risk is one that most managers have experienced personally; inadequate mobilization of resources to take advantage of an opportunity. An airtight market assessment and analysis and an ideal service does not insure success without the right staffing, right training, preparation and adequate resources to take full advantage of the opportunity.

Advantages of Pro-active Positions

The advantages of pro-active positioning can far outweigh the disadvantages. It not only maximizes an agency's potential to get the most out of opportunities presented by a changing environment (i.e., maximizing long term advantages), but keeps an organization keenly alert and aware. A pro-active position allows agencies to actualize two important values espoused by vocational rehabilitation.

a) Allowing the consumer of rehabilitation agency services to have maximum input to the service process (i.e., let the customer decide what defines quality service); and

b) Promoting the opportunity for the consumer of rehabilitation agency services to reach their maximum potential.

Pro-active Position Case Study

A pro-active position in a disability management market requires the following pre-service delivery steps (and related resource commitments):

- Collection of basic demographic data on the client population (in this case, employers with potential disability management needs).
- Analysis of the types and extent of service needs within the target population.
- Analysis of the types and extent of services available currently to address these needs (i.e., the competition).

With this basic market information, the VR agency can make an initial decision regarding what needs (or need clusters) are most appropriate for redress by the agency. The agency can study in more detail the parameters of these needs, the client expectations for outcomes, and the client preference for service delivery approach. A review of the rehabilitation literature may be useful, however, nothing replaces the face to face contact with prospective clients regarding satisfaction with current services, and what services need to be added to an ideal service delivery system.

Some state VR agencies have taken the pro-active position in the disability management area, specifically in Workers' Compensation cases. The most extensive changes in service delivery are probably found in the Michigan VR agency's development of their "Insurance Program." In that state, the market was defined narrowly to focus on insurance carriers (the employer's representative) as the primary client. Extensive market study and analysis identified the following client needs and agency service delivery response:

Table 1

Insurance Program
Michigan Vocational Rehabilitation Agency

Client (Insurance Carrier) Need	Pro-active Positioning
1. Service provider familiarity with state laws and disabled worker issues.	1. Establishment of counselor, specilist in Workers Compensation.
2. Service provider flexibility in meeting injured workers at home, at clinics, and/or at the work site.	2. Establishment of "home based" counselors who do not have formal offices per se.
3. Service provider flexibility in providing only the specific services requested, in a rapid action, case intensive manner.	3. Enactment of state laws authorizing the VR agency to bill for full cost recovery and eliminating the formal progressions of case status required by federal guidelines.

With an initial investment of eight (8) staff position for this market, satisfaction with the service has resulted in steady growth over five years. Currently, the VR agency has over 30 staff positions in the Insurance Program. An interesting spin-off benefit is that the state agency is seen by many as setting the standard for quality rehabilitation in the Workers' Compensation arena. In addition, this section of the state agency is relatively independent of changing priorities in the state/federal rehabilitation program.

The Michigan Insurance Program, however, highlights potential disadvantages, such as the need to modify or reorganize:

- Administrative lines of report
- Counselor selection and evaluation criteria
- Counselor preparation and training procedures
- Service delivery staffing patterns
- Agency funding base

None of these changes can be made easily, cheaply, or quickly. The short-term risks of mobilizing resources in this direction (should the effort fail) are quite high. The potential long-term benefits, however, are equally as high, not the least of which is enhanced agency flexibility for addressing future environmental and market changes. This assumes that the agency maintains a pro-active position. It should be noted that, once a new service system is in place, it is easy to slip into a reactive position and once again become product driven.

Summary of Pro-Active Positions

Pro-active positioning requires changes in VR's approach to service delivery. A change from a product driven approach to a market driven approach is required. While formal procedures like the Individual Written Rehabilitation Program (IWRP) help make this kind of transition relative to people with disabilities, there are disability advocates who say VR may be on the wrong side of this transaction.

Asking rehabilitation providers to broaden services to other populations, at least in disability management, may in practice, limit services for a larger number of people who are disabled and unemployed. Before umbrage is taken, however, a little rehabilitation history in disability management should be reviewed.

With growing political and economic pressure on employers to meet the needs of their employees who become industrially disabled, most state VR agencies take a reactive position (if they try to position at all) to address these needs. A number of professionals in public rehabilitation joined private rehabilitation companies in the 1970's specifically designed to emerging needs (Smith & Sawisch, 1983).

While early private rehabilitation efforts were often greeted with claims of charlatanism their availability in the marketplace over the last decade and a half cannot be denied. In fact, many graduate training programs in rehabilitation place most of their graduates in private rehabilitation positions.

This does not suggest that state VR agencies are incapable of practicing pro-active positioning relative to disability management. To the contrary, a number of very successful examples of such positioning by VR agencies are in place. It is suggested, however, that such an approach will require difficult and fundamental change. Nor is a pro-active position an "all or none" proposition. Markets may be subdivided (segmented) in many different ways and an agency may choose a separate strategy for each segment, or even with segments over time. However, if a current product driven approach is meeting a current and relatively stable market segment need, there is no immediate rush to change it!

Conclusions

The concept of disability management in the work place appears to be on its way to becoming a permanent part of VR. Also, VR agencies can and should be a major influence in this area. To recommend a specific service delivery strategy without specific information and input form the potential service recipients in any given catchment area would be presumptuous. To suggest that the options presented here are the only ones would be similarly presumptuous. However, there is no doubt that each state VR agency will need to take a position relative to disability management in the near future and function within that positioning decision for some time to come.

Use of the Document

Objectives

The objectives for this chapter on use of the materials presented in this document are (a) to provide a manual as a basis for administrative decision-making regarding disability management programs at the workplace, (b) to present guidelines in the document for rehabilitation trainers to use to plan, design, and implement orientation/training programs regarding disability management, and (c) to provide a resource document for state vocational rehabilitation agencies for planning, development and implementation of a disability management program.

Introduction

The conceptualization and definition of disability management, in conjunction with target audience consideration, will determine rehabilitation agencies and related organizations approach to training. The following information and guidelines are presented for consideration in the planning of orientation/training programs:

1. Analysis of disability management-related training issues and needs of:

    - Vocational Rehabilitation Agencies
    - Employers/Insurance Carriers
    - Employees with Disabilities
    - Allied Health Professions (e.g., OT, PT, Physiologists, etc.)
    - Others

2. Development of a training agenda, schedule, format curriculum and program.

    - Plan and conduct the training program.

3. Generate recommendations from initial efforts for future activity and planning for state vocational rehabilitation agencies and federal initiatives/programs to address disability management needs.

4. Identify training content areas.

    - Historical Overview
    - Definitions
    - Stakeholders
    - Application/service models
    - Implementation in industry
    - State vocational rehabilitation agency options
    - Action plan

Specific Use of the Document

Trainers/staff development personnel will want to make particular use of chapters three, four and five for the purpose of:

- Orientation and education of administrative staff and mid-level management personnel
- Sensitization of agency administrators and managers
- Strategies for long range planning
- Planning training approaches of an ongoing nature

These chapters (three, four and five) will be of value to trainers in working with external audiences in the disability management area including:

- Labor unions
- Employers
- Axillary service providers (e.g, medical, "wellness programs," etc.)
- Funding sources
- Policy making committees

Rehabilitation trainers/staff development personnel will need to be involved in providing training to:

Insurance carriers

- Orientation to disability management
- Presentation of program models/examples

Employees who are disabled or injured

- Orientation to disability management
- Education on disability management benefits

Allied health professionals

- Provision of networking models
- Medical, vocational, others

Developing the Training Agenda

The success of any training program will depend upon many factors including the commitment of the administration to the concept of disability management, the skills of the trainer(s), the content of the program and an appropriate audience. The program agenda and training schedule should be developed in terms of:

- Specific statement of purpose
- Designated goals and objectives
- Development of an appropriate training plan with agenda
- Read, discuss and know disability management
- Be familiar with this IRI document as well as other resources on disability management
- Identify possible application of disability management
- Identify resisting forces to implementation of disability management programs and ways these barriers might be minimized
- Complete and commit the plans developed in training to action

Conclusions/Implications

Training is a necessity for all agency staff if success is to be achieved in any disability management program. This is not an easy task for VR agencies, as training will require many hours of manpower. Ultimately the program will hinge primarily upon the commitment of the agency administrators. Disability management has many implications for the VR program as new services and new approaches will need to be implemented, evaluated and modified. Among these changes will be the intense involvement of employees, employers, insurance carriers and rehabilitation providers with a common objective of returning employees to work. Since many employees will not be able to function in their original capacity it will mean work in a different job and perhaps with a different company.

Trainers will need to consider these employees as it will require an adjustment on the part of both employers and employees.

Effective training in these areas and others mentioned throughout the document will not be easy nor can objectives be achieved with a single program of short durations. Several training programs may be required in order to develop a qualified staff that in time will develop an efficient disability management program beneficial to all concerned.

In terms of training perhaps the fourth IRI, the Rehabilitation of Severely Handicapped Homebound (1977) said it best:

> *Training of rehabilitation staff today*
> *is difficult for agencies, state directors, and staff*
> *development supervisors as a result*
> *of numerous new priorities and areas of emphasis.*
> *Staff training is costly*
> *and time consuming; but with consideration*
> *to all the new developments and new*
> *program requirements within rehabilitation,*
> *it is of vital importance.*

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Appendices

Appendix A

Prime Study Group

Jack Van Hooser
Chairman
Tennessee Comprehensive
Rehabilitation Center
9th & C Street
Smyrna, TN 37167
(615) 741-4921

Joe DiBeneditto, M.D.
2148 Antiqua Drive
Lexington, KY 40509
(606)299-1200

Steve Cosgrove, Ed.D.
Coordinator of Extension and
Continuing Education
Division of Rehabilitation and
Special Education
3013 Haley Center
Auburn University, AL 36849
(205) 844-5500

Barry Brandt
Placement Counselor
Office of Vocational Rehabilitation
13th Fl., Labor & Industry
Seventh & Forester Streets
Harrisburg, PA 17120
(717) 787-5232

Ann Ohlson
Counselor
Texas Rehabilitation Commission
1015 Jackson Keller
San Antonio, TX 78213
(512) 349-2684

B. Doug Rice, Ed.D.
Sponsor
University Coordinator
ARTC-VR, University of Arkansas
Hot Springs Rehabilitation Center
P. O. Box 1358
Hot Springs, AR 71902
(501) 624-4411

Sandra Parkerson
Research Assistant
ARTC-VR, University of Arkansas
Hot Springs Rehabilitation Center
Hot Springs, AR 71902
(501) 624-4411

Cyrilla K. Petracek
Executive Director of Customer Service
P. O. Box 847
Olathe, KS 66061
(913) 382-6697

Len Sawisch, Ph.D.
Administrator
Department of Management & Budget
Disability Management Office
P. O. Box 33046
Lansing, MI 48909
(517) 335-0782

Appendix B

Total Study Group

Bill Archie
Assistant Director
Field Operations
Division of Rehabilitation Services
400 Deaderick Street
Nashville, TN 37203

Mitchell Rowe
Area Manager
Division of Rehabilitation Services
444 So. Houston
Tulsa, OK 74106

Linda Knopt
Program Administrator
District III
Vocational Rehabilitation
825 NW 23rd Avenue, Bldg. II
Gainesville, FL 32609

Susan G. Sherman
DHR 504 Coordinator
Division of Rehabilitation Services
878 Peachtree Street, NE, Suite 708
Atlanta, GA 30309

Vivian S. Hodo
Acting Administrative Officer
District of Columbia RSA
605 G St., NW, Suite 309
Washington, D.C. 20009

Betty Thompson
Regional Director
Division of Rehabilitation for the Blind
P. O. Box 9727
Jackson, MS 39206

Roy C. Farley
Director of Training
Arkansas RTC in VR
P. O. Box 1358
Hot Springs, AR 71902

Billy J. Barnett
Counselor
Rehabilitation Services
P. O. Box 450
Monticello, AR 71655

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